		Effective			•	`						
	CL	FILED - I					HER THAN ALL ENTITY					
FOR NUMBER FILED NUMBER EXTRA					. RATE	FE	Ε	RATE	FEE.			
BASIC FEE							356	.∞ OR		710.00		
TOTAL CLAIMS minus 20= *						X\$ 9	=	OR	X\$18=			
INDEPENDENT CLAIMS minus 3 = *						X40	:	OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT							=	OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL			
	CLAII	MS AS A	MENDED			<b></b>		OTHER				
<u> </u>		olumn 1)	Large Personal	(Column 2) HIGHEST	(Column 3)	SMAI	L ENTIT		SMALL			
AMENDMENT A	RE	CLAIMS MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADI TION FE	IAL	RATE	ADDI- TIONAL FEE		
MON	Total *	15	Minus	20	=	X\$ 9	=	OR	X\$18=			
AME	Independent •	2	Minus	3	=	X40	=	OR	X80 =			
F	FIRST PRESENTAT	ION OF MU	JLTIPLE DEP	PENDENT CLAIM		+135	=	OR	+210 =	<u> </u>		
					TO1 ADDIT. F		OR	TOTAL ADDIT, FEE				
	(C	olumn 1)		(Column 2)	(Column 3)	AUDIT. F			ADDIT. FEE			
ENT @	() RE	CLAIMS EMAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	ADI TION FE	IAL	RATE	ADDI- TIONAL FEE		
MOZ	Total •	15	Minus	20	= -	X\$ 9	=	OR	X\$18=			
AMENDMENT	Independent •	2	Minus	<u>3</u>	=	×.40	:	OR	X80=	/		
F	FIRST PRESENTAT	ION OF M	ULTIPLE DEF	PENDENT CLAIM		+130	,= /	OR	1270=			
						TO	TAL	OR	TOTAL			
	(C	olumn 1)		(Column 2)	(Column 3)	ADDIT. F	EE L		ADDIT. FEE	·		
	bolinatia tova 168	CLAIMS	Secretary of the second	HIGHEST			ADI	DI-		ADDI-		
ENT C		EMAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI		NAL.	RATE	TIONAL FEE		
AMENDMENT	Total +		Minus		=	X\$ 9		OR	X\$18=			
ME	Independent •		Minus	***	=	X40	=	OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_					
	If the entry in column 1	is less than t	he entry in solu	ımn 2. write "0" in o	olumn 3	+135		OR	TOTAL			
••	If the "Highest Number "Highest Number	Previously P	aid For IN THI	IS SPACE is less th IS SPACE is less th	an 20, enter "20." an 3, enter "3."		EE	OR	ADDIT. I C	<u> </u>		
1	The "Highest Number F	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS							1	RATE	FEE		RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	minus 20= *		*			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	minus 3 =		*			X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=			+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR OR	TOTAL.		ł
		·			OTHER THAN								
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								·			•	MALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 23	Minus	** 2		= 3		X\$ 9=	- ·	OR	X\$18 <b></b> ≑	54	
	Independent	. 5	Minus	***	3	= 2		X42=	•	OR	X84=	168	1
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1000		1
+140=										OR	+280= TOTAL		4
	•			4.				TOTAL ADDIT. FEE		OR	ADDIT. FEE	22	P
		(Column 1)			mn 2) HEST	(Column 3)	٠.			•	· .		
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		NUA PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
Ş	Total	.34	Minus	# 2	23	=		X\$ 9=		OR	X\$18=	48	
	Independent	. 6	Minus	***	5			X42=		OR	X84=	84	
L	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	TCLAIN		1	+140=		OR	+280=		1
								TOTAL	·		TOTAL ADDIT. FEE	282	1
		(Oalumn 4)		(Colu		(Column 3)		ADDIT. FEE			ADDI I. FEE		1
_		(Column 1) CLAIMS			imn 2) Hest	(Column 3)	۱ ۱	·	ADDI	1	<del></del>	ADDI-	4
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL	·
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OB	X84=		
<b>E</b>	FIRST PRESE	ENTATION OF M	ULTIPLE DI	EPENDEN	T CLAIM	A 🔲				OR			1
								+140=		OR	+280=		
-	If th "Highest Nu	ımn 1 is less than t ımber Previously P	aid For IN TI	HIS SPACE	is less th	an 20, enter "20	). <b>"</b>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		1
***	the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

L			ective Decemb	09/48/1259							
		CLAIM	SMA TYP	LL ENTITY	OR		R THAN ENTITY				
F	OR	NL	UMBER FILED	NUMBER	lumn 2) REXTRA	RATI		٦	RATE	FEE	
BASIC FEE							345.00	,   OB		690.00	
TC	OTAL CLAIMS		minus 2		X\$ 9		OR		030.00		
	DEPENDENT C		minus		X39=		OR	V70			
ML	JLTIPLE DEPEN	NDENT CLA	IM PRESENT	+130				<del> </del> -			
* If	the difference	∍ in column	n 1 is less than ze	TOTA		OR OR	TOTAL	1000			
	C	(Column			L ENTITY	OTHER					
AMENDMENT A	pe speet	CLAIMS REMAINII AFTER AMENDME	ING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	· N	Minus	20	=	X\$ 9=		ОR	X\$18=	1	
AME	Independent	FNTATION O	Minus OF MULTIPLE DEP	*** S	=	X39=		OR	X78=	1	
	FIRST TILOL	INIMINI	IF MULTIPLE DEF	'ENDENT CLAIM		+130=	=	OR	+260=	1.	
						TOTA ADDIT, FE	AL	ا ۱	TOTAL ADDIT. FEE		
	T .	(Column		(Column 2)	(Column 3)	AUDIT. 1 .	<u> </u>		AUDII. FEE		
AMENDMENT B	A STATE OF THE STA	REMAININ	ING P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDV	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* ENTATION C	Minus  OF MULTIPLE DEP	*** PENDENT CLAIM	=	X39=		OR	X78=		
	11101111111	.HAMION C	P WOLTIFEL DE	ENDENT CLAIM		+130=	:	OR	+260=		
						TOTA ADDIT. FE	E	OR A	TOTAL ADDIT. FEE		
		(Column		(Column 2)	(Column 3)						
AMENDMENT C	Left is	REMAININ AFTER AMENDME	NG S	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	ГЬЬ	
ME	Independent	•	Minus	***	=	·	1			<u> </u>	
	FIRST PRESE	NTATION O	F MULTIPLE DEPI	ENDENT CLAIM		X39=	1	OR	X78=		
• 11	f the entry in colu	mn 1 is less th	han the entry in colum	mn 2 write "O" in co	himp 2	+130=		OR	+260=		
	f the "Highest Nun If the "Highest Nur	mber Previous mber Previous	sly Paid For" IN THIS Isly Paid For" IN THIS	S SPACE is less than S SPACE is less than	n 20, enter "20."	TOTAL	E		TOTAL DDIT. FEE		
1	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE ADDIT.										